

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45712** (9)

1. Corporation Name
137, INC.

Principal Place of Business Mailing Address
**% PHILIP RICHARDS
20 COMMUNITY PLACE
MORRISTOWN NJ 07960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/24/1992 **05/01/1994**

4. FEI Number Applied For
22-3177905 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under § 109.042 Florida Statutes. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Paragraph 11 of the provisions of Sections 607 (B)(3) and 607 (1)(b) Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607 (b) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD RICHARDS, PHILIP 20 COMMUNITY PLACE MORRISTOWN NJ	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That any approval or dissent by the corporation or the approval or dissent empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE: *Philip Richards* **Philip Richards, President** 4/28/95 2015394113